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Fill in this information to identify your	case:	
United States Bankruptcy Court for t	he:	
Eastern District of Penn	sylvania	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Beverly	
	Write the name that is on your government-issued picture	First name	First name
	identification (for example, your driver's license or passport).	Middle name	Middle name
	Dring vous pieture identification	Knight	
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)
2.	All other names you have		
	used in the last 8 years	First name	First name
	Include your married or maiden names and any assumed, trade names and <i>doing business as</i>	Middle name	Middle name
	names.	Last name	Last name
	Do NOT list the name of any separate legal entity such as a		<u> </u>
	corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)
		Business name (if applicable)	Business name (if applicable)
3.	Only the last 4 digits of your Social Security number or	xxx - xx - <u>4</u> <u>1</u> <u>2</u> <u>0</u>	xxx - xx
	federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx

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Debtor 1		Beverly		Knight		Case number (if known)		
		First Name	Middle Name Last Name					
			About Debtor 1	:		About Debtor	2 (Spouse Only in a Joi	nt Case):
4.	Your Emplo	yer Identification						
	Number (El		EIN		_	EIN		
			 EIN		_	 EIN	- — — — -	
5.	Where you	live				If Debtor 2 live	s at a different address	::
			4729 Bleigh	Avenue				
				reet		Number S	Street	
			Philadelphia	PA 10136				
			City	State	ZIP Code	City	State	ZIP Code
			Philadelphia					
			County			County		
				address is different from te that the court will send ng address.		If Debtor 2's m it in here. Note at this mailing a	ailing address is differon that the court will send address.	ent from yours, fill any notices to you
			Number St	reet		Number S	Street	
			P.O. Box			P.O. Box		
			City	State	ZIP Code	City	State	ZIP Code
6.		e choosing <i>this</i>	Check one:			Check one:		
	district to fi	le for bankruptcy	Over the last have lived in district.	st 180 days before filing t n this district longer than	this petition, I in any other	Over the la have lived district.	ast 180 days before filing in this district longer that	g this petition, I an in any other
			I have anoth (See 28 U.S	ner reason. Explain. S.C. § 1408)			ther reason. Explain. S.C. § 1408)	
						-		

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Debt	or 1 Beverly	K	night	Case number (if known)			
	First Name	Middle Name La	ast Name	,			
Part	t 2: Tell the Court About You	ur Bankruptcy Case					
7.	The chapter of the Bankruptcy Code you are choosing to file under		description of each, see <i>Notice Require</i>). Also, go to the top of page 1 and che	ed by 11 U.S.C. § 342(b) for Individuals Filing for eck the appropriate box.			
8.	How you will pay the fee	details about how yo check, or money ord a credit card or chect I need to pay the feto Pay The Filing Feto Pay The Filing Feto Pay The Filing Feto I request that my feto judge may, but is not official poverty line to choose this option,	e entire fee when I file my petition. Please check with the clerk's office in your local court for more at how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's oney order. If your attorney is submitting your payment on your behalf, your attorney may pay with d or check with a pre-printed address. The fee in installments. If you choose this option, sign and attach the Application for Individuals filing Fee in Installments (Official Form 103A). The fee be waived (You may request this option only if you are filing for Chapter 7. By law, a but is not required to, waive your fee, and may do so only if your income is less than 150% of the entry line that applies to your family size and you are unable to pay the fee in installments). If you option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	Yes. District District	MM When MM When	Case number Case number Case number Case number Case number			
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. Debtor District Debtor District	When	Case number, if known			
11.	Do you rent your residence?	☐ No. Go to		inst you? udgment Against You (Form 101A) and file it			

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Debtor 1 Beverly First Name			Knight			Case number (if known)		
		Middle	Name	Last Name	,			
Par	t 3: Report About Ar	ny Businesses	You Own as	a Sole Proprietor				
12.	Are you a sole proprie	tor of 🗹 N	lo. Go to Part 4.					
	any full- or part-time business?	☐ Y	es. Name and lo	cation of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a		Name of business, if any					
	corporation, partnership	, or LLC. N	umber Stre	et				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this							
	petition.	C	ity		State	ZIP Code		
		C	Check the appropriate box to describe your business:					
			Health Care E	Business (as defined in 11 U.	S.C. § 101(27A))		
			Single Asset	Real Estate (as defined in 11	U.S.C. § 101(51	1B))		
			Stockbroker (as defined in 11 U.S.C. § 101	1(53A))			
			Commodity B	roker (as defined in 11 U.S.C	C. § 101(6))			
			☐ None of the above					
13.	Are you filing under Co 11 of the Bankruptcy Co and are you a small but debtor?	ode, appro siness sheet	, appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most				ent balance	
	For a definition of small	_{business} 🗹 N	lo. I am not f	iling under Chapter 11.				
	debtor, see 11 U.S.C. § 101(51D).	\square N	lo. I am filing Bankrupt		NOT a small bus	siness debtor according to the definition	ı in the	
		☐ Y				btor according to the definition in the ler Subchapter V of Chapter 11.		
		☐ Y		under Chapter 11, I am a sn cy Code, and I choose to pro		btor according to the definition in the chapter V of Chapter 11.		

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Debt	or 1	Beverly	Knight			Case number (if known)		
		First Name	Middle Nam	e Last Name			,	
Part	t 4: Repor	t if You Own or Ha	ave Any H	azardous Property or	Any Prope	erty That Needs Imr	mediate Attention	
14.	Do you ow	n or have any	☑ No.					
		at poses or is oose a threat of	☐ Yes.	What is the hazard?				
		minent and identifiable zard to public health or						
	property th	do you own any at needs immediate						
	attention?			If immediate attention is	needed, why	is it needed?		
		e, do you own goods, or livestock						
	that must be	e fed, or a building urgent repairs?						
				Where is the property?				
					Number	Street		
					City		State	ZIP Code

City

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Debtor 1	Beverly		Knight	Case number (if known)
	First Name	Middle Name	Last Name	

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1		Beverly		Knight	Knight		Case number (if known)	
First Name M		Middle Name Last Name						
Par	t 6: Answer	These Questions	s for R	eporting Purposes				
16.	What kind of have?	i debts do you	16a.			ner debts? Consumer debts are definer for a personal, family, or household		
			16b.			s debts? Business debts are debts rough the operation of the business		
			16c.	State the type of debts you ow	ve th	at are not consumer debts or busine	ess debts.	
17.	Are you filing	g under Chapter 7?	₫	No. I am not filing under Cha	apter	7. Go to line 18.		
	exempt prop and administ paid that fun	nate that after any erty is excluded trative expenses are ds will be available on to unsecured	•	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? \[\begin{array}{c} \text{No} \\ \text{Yes} \end{array}				
18.	How many c estimate that	reditors do you t you owe?		1-49				
19.	How much d	o you estimate you worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
	liabilities to I		, <u> </u>	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Par	t 7: Sign Be	elow						
For	you	If I have States C If no atto have obt I request bankrupt and 357	chosen ode. I ur rney repained an relief in and ma cy case I.	to file under Chapter 7, I am avenderstand the relief available understand the relief available understand the notice required by a accordance with the chapter of king a false statement, conceal can result in fines up to \$250,000 perly Knight	vare nder or ag 11 U of title	each chapter, and I choose to procuree to pay someone who is not an a .S.C. § 342(b). e 11, United States Code, specified property, or obtaining money or prop	r Chapter 7, 11,12, or 13 of title 11, United eed under Chapter 7. ttorney to help me fill out this document, I n this petition.	
			•	night, Debtor 1				
	Executed on							

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Debtor 1	Beverly	Knight	Case number (if known)			
	First Name	Middle Name Last Name				
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available u each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice requir 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquired that the information in the schedules filed with the petition is incorrect.				
		X /s/ Michael A. Cibik	Date 05/15/2025			
		Signature of Attorney for Debtor				
		Michael A. Cibik Printed name Cibik Law, P.C. Firm name 1500 Walnut Street Suite 9 Number Street	00			
		Philadelphia	PA 19102			
		City	State ZIP Code			
		Contact phone (215) 735-1060	Email address cibik@cibiklaw.com			
		23110				
		Bar number	State			

	100 20 11000		cument	Page 9 of 49	_	Desc Main
Fill in this inform	nation to identify your	case and this filing	:			
Debtor 1	Beverly		Knight			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	Eastern	District	of Pennsylvania		
Case number						Check if this is an
						amended filing
Official For	m 106A/B					

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1		e, Building, Land, or Other Real Estate		Interest In
	No. Go to Part 2. Yes. Where is the property?	e interest in any residence, building, land, or simil	ar property?	
1.1	4729 Bleigh Avenue Street address, if available, or other	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
	description	☐ Condominium or cooperative☐ Manufactured or mobile home☐ Land	Current value of the entire property?	Current value of the portion you own?
	Philadelphia, PA 19136 City State ZIP Code Philadelphia	☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one.	\$169,360.00 \$169,360.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, a life estate), if known.	
	County		Fee Simple	
	·	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is comn (see instructions)	nunity property
		Other information you wish to add about this ite property identification number:	m, such as local	
		Source of Value: Zillow \$211,700 less 20% cl	osing cost	
		wn for all of your entries from Part 1, including any umber here		\$169,360.00
Part 2	: Describe Your Vehicles			
		nterest in any vehicles, whether they are registered vehicle, also report it on Schedule G: Executory Control	•	es
☑	ars, vans, trucks, tractors, sport utility No Yes	y vehicles, motorcycles		

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4.	Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories <i>Examples:</i> Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ✓ No ☐ Yes	
5.	Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here	\$0.00
Pa	nrt 3: Describe Your Personal and Household Items	
Do y	ou own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No	
	✓ Yes. Describe Used household goods and furnishings	\$400.00
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No	
	✓ Yes. Describe Used personal and household electronics	\$230.00
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	☑ No	
	☐ Yes. Describe	
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No	
	☐ Yes. Describe	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No	
	Yes. Describe	

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11.	Clothes Examples: Everyday clothe		
		is the second se	
	☐ No		İ
	√ Yes. Describe	Used clothing & accessories	\$150.00
12.	Jewelry		
	Examples: Everyday jeweli silver	ry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,	
	☐ No		
	✓ Yes. Describe	Misc. costume (non-precious metal or gemstone) jewelry, watches & accessories	\$180.00
13.	Non-farm animals		
	Examples: Dogs, cats, bird	s, horses	
	√ No		
	Yes. Describe		
14.	Any other personal and he	ousehold items you did not already list, including any health aids you did not list	
	√ No		
	Yes. Give specific information		
15.		of your entries from Part 3, including any entries for pages you have attached	\$960.00
	for Part 3. Write that numb	per here	400000
Pa	rt 4: Describe You	ur Financial Assets	
Do y	ou own or have any legal or	r equitable interest in any of the following?	Current value of the
			portion you own? Do not deduct secured claims or exemptions.
16.	Cash		
	Examples: Money you have	e in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	₫ No		
	☐ Yes	Cash:	

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17.	Deposits of money			
		_	nts; certificates of deposit; shares in credit unions, brokerage houses, ultiple accounts with the same institution, list each.	
	☐ No			
	₫ Yes		Institution name:	
			Navy Federal Credit Union	
		17.1. Checking account:	Account Number: XXXXXXX XXXXXX: 8923	\$33.00
			Wells Fargo	
		17.2. Checking account:	Account Number: XXXXXXX XXXXXX: 9175	\$160.00
			Navy Federal Credit Union	
		17.3. Savings account:	Account Number: XXXXXXX XXXXXX: 4691	\$3.00
		· ·	Wells Fargo	
		17.4. Savings account:	Account Number: XXXXXXX XXXXXX: 0332	\$0.00
		•	Paypal	\$0.00
		17.5. Other financial account:	<u>. aypa:</u>	ψ0.00
18.		s, or publicly traded stocks ls, investment accounts with broke	erage firms, money market accounts	
	√ No			
	☐ Yes			
19.	Non-publicly traded s		ated and unincorporated businesses, including an interest in an	
	☑ No			
	Yes. Give specific information about			
	them			
20.	Government and corp	porate bonds and other negotia	able and non-negotiable instruments	
			rs' checks, promissory notes, and money orders. fer to someone by signing or delivering them.	
	√ No			
	☐ Yes. Give specific information about them			
21.	Retirement or pension	on accounts		
	Examples: Interests in	n IRA, ERISA, Keogh, 401(k), 403	3(b), thrift savings accounts, or other pension or profit-sharing plans	
	√ No			
	Yes. List each account separately	ı.		

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22.	Security deposits and prepayments	
	Your share of all unused deposits you have made so that you may continue service or use from a company	
	Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others	
	☑ No	
	☐ Yes	
23.	Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
	√ No	
	☐ Yes	
24.	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.	
	26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	
	☑ No	
	☐ Yes	
25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit	
	☑ No	
	Yes. Give specific information about them	
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property	
	Examples: Internet domain names, websites, proceeds from royalties and licensing agreements	
	☑ No	
	☐ Yes. Give specific	
	information about them	
27.	Licenses, franchises, and other general intangibles	
	Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses	
	√ No	
	Yes. Give specific	
	information about them	
Mon	ey or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you	
	☑ No	
	Yes. Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family support	
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	

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	☑ No
	Yes. Give specific information
30.	Other amounts someone owes you
	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else
	☑ No
	☐ Yes. Give specific information
31.	Interests in insurance policies
	Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance
	☑ No
	Yes. Name the insurance company of each policy and list its value
32.	Any interest in property that is due you from someone who has died
	If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.
	☑ No
	☐ Yes. Give specific information
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue
	√ No
	Yes. Describe each claim
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims
	√ 1 No
	Yes. Describe each claim
35.	Any financial assets you did not already list
	√ No
	☐ Yes. Give specific information
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4, Write that number here
Pa	Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?
	√ No. Go to Part 6.
	☐ Yes. Go to line 38.
45	Add the delless who of all of some parties from Bort E including any parties from any on the south and
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

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46.	Do you own or have any legal or equitable interest in any farm	n- or commercial fishin	g-related property?			
	☑ No. Go to Part 7.					
	Yes. Go to line 47.					
52.	Add the dollar value of all of your entries from Part 6, includin for Part 6. Write that number here			\$0.00		
Pa	rt 7: Describe All Property You Own or Have a	an Interest in Tha	t You Did Not List Above			
53.	Do you have other property of any kind you did not already lis	st?				
	Examples: Season tickets, country club membership					
	☑ No					
	Yes. Give specific information					
54. Add the dollar value of all of your entries from Part 7. Write that number here						
Pa	rt 8: List the Totals of Each Part of this Form					
55.	Part 1: Total real estate, line 2		→	\$169,360.00		
56.	Part 2: Total vehicles, line 5	\$0.00				
57.	Part 3: Total personal and household items, line 15	\$960.00				
58.	Part 4: Total financial assets, line 36	\$196.00				
59.	Part 5: Total business-related property, line 45	\$0.00				
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7: Total other property not listed, line 54 +	\$0.00				
62.	Total personal property. Add lines 56 through 61	\$1,156.00	Copy personal property total	+\$1,156.00		
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$170,516.00		

Fill in this information to identify your case:									
Debtor 1	Beverly		Knight						
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse, if filing)	First Name	Middle Name	Last Name						
United States E	Bankruptcy Court for	the: Easte	rn District of Pennsylvania						
Case number									
(if known)				Check if amende					

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1: Ide	ntify the Property You	Claim as Exempt					
1.	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
2.	Brief descripti	rty you list on <i>Schedule a</i> on of the property and <i>ule A/B</i> that lists this	4/B that you claim as exe Current value of the portion you own Copy the value from Schedule A/B	Check only one box for each exemption. e value from		Specific laws that allow exemption		
	Brief description: Line from Schedule 4/R:	4729 Bleigh Avenue Philadelphia, PA 19136	\$169,360.00	1	\$7,107.25 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)		
3.	any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$214,000? (Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.) ✓ No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes							

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Debtor 1 **Beverly**

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Knight Case number (if known) First Name Middle Name Last Name

Part 2: Add	ditional Page				
•	on of the property and ule A/B that lists this	Current value of the portion you own Copy the value from		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
		Schedule A/B			
Brief description:	Used household goods and furnishings	\$400.00	-4		
	lullisiiligs		√	\$400.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	
Brief	Used personal and	\$230.00	$\mathbf{\Lambda}$	\$230.00	11 U.S.C. § 522(d)(3)
description:	household electronics			100% of fair market value, up to any applicable statutory limit	
Line from	7			\$0.00	11 U.S.C. § 522(d)(5)
Schedule A/B:				100% of fair market value, up to any applicable statutory limit	
Brief	Used clothing &	\$150.00			
description:	accessories		$\overline{\mathbf{A}}$	\$150.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	_
Brief	Misc. costume	\$180.00			
description:	(non-precious metal or gemstone)				
	jewelry, watches &				
	accessories			\$180.00	11 U.S.C. § 522(d)(4)
Line from Schedule A/B:	12			100% of fair market value, up to any applicable statutory limit	_
Brief	Navy Federal	\$33.00			
description:	Credit Union Checking account				
	Acct. No.: 8923			\$33.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief	Navy Federal	\$3.00			
description:	Credit Union				
	Savings account Acct. No.: 4691		4	\$3.00	11 U.S.C. § 522(d)(5)
Line from				100% of fair market value, up to	0.0.0. 3 022(0)(0)
Schedule A/B:	<u> 17</u>			any applicable statutory limit	

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Debtor 1

Beverly Knight Case number (if known)

First Name Middle Name Last Name

Part 2: Add	ditional Page				
	on of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	Wells Fargo Savings account Acct. No.: 0332	\$0.00	√	\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief description:	Wells Fargo Checking account	\$160.00			
	Acct. No.: 9175		$ \sqrt{} $	\$160.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief	Paypal	\$0.00			
description:	Other financial account			\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	

			Ocument	Page 19 of 49	9		
Fill in this inform	ation to identify your ca	ase:					
Debtor 1	Beverly		Knight				
Debior 1	First Name	Middle Name	Last Name				
Dobtor 2							
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
		Faata		triot of Danier and triot			
United States E	Bankruptcy Court for the	e: Easte	r n Dis	trict of Pennsylvani	la_		
Case number (i	if					D. Observatoria	Abia ta an
known)						amende	this is an d filing
Official Forn	n 106D						-
<u>Official Forn</u>							
Schedu	le D: Cred	itors Who) Have (Claims Sec	cured by F	Property	12/15
Be as complete	and accurate as poss	ible. If two married	people are filing	together, both are equ	ually responsible for	supplying correct infe	ormation. If
more space is ne	eeded, copy the Addit			ntries, and attach it to			
	number (if known).		. •				
_	litors have claims sec		•				
	ck this box and submit the firm the submit t		with your other so	chedules. You have noth	ning else to report on	this form.	
Part 1:	_ist All Secured Cla	aims					
2. List all sec	ured claims. If a credi	tor has more than or	e secured claim,	list the creditor	Column A	Column B	Column C
	for each claim. If more		•		Amount of claim	Value of collateral	Unsecured
creditors in	Part 2. As much as po	ssidie, list the claims	in alphabetical of	rder according to the	Do not deduct the	that supports this claim	portion
2.4					value of collateral.		If any
	Philadelphia	Describe	the property that	t secures the claim:	\$254.75	\$169,360.00	\$0.00
Creditor's N		4729 BI	sigh Avenue Pl	niladelphia, PA 1913	6		
	of Philadelphia		aigii Aveilue Fi	madeipina, FA 1913	0		
	al Services Building	As of the	date you file, the	claim is: Check all tha	t apply.		
	hn F Kennedy Blvd	FI 5	gent				
Number	Street	Unliqu	idated				
	phia, PA 19102-161		ed				
City		Code					
	s the debt? Check one		lien. Check all the	,			
☑ Debtor				e (such as mortgage or	secured car loan)		
☐ Debtor	,		•	ax lien, mechanic's lien)			
	1 and Debtor 2 only	~	ent lien from a lav				
At leas anothe	et one of the debtors an	d Uther offset)	(including a right t				
	if this claim relates to unity debt	оа					
Date debt	was incurred	Last 4 dig	its of account no	umber			

\$254.75

Add the dollar value of your entries in Column A on this page. Write that number here:

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Debtor 1

Beverly

Knight

Case number (if known)

First Name

Middle Name

Last Name

		Additional Page		Column A Amount of claim	Column B Value of collateral	Column C				
Part 1:		After listing any entries on the followed by 2.4, and so forth.	is page, number them beginning with 2.3,	Do not deduct the value of collateral.	that supports this claim	portion If any				
2.2	Midlan	d Mortgage	Describe the property that secures the claim:	\$161,998.00	\$169,360.00	\$0.00				
	PO Bo	s Name x 26648	4729 Bleigh Avenue Philadelphia, PA 19136	3						
	Number	Street	As of the date you file, the claim is: Check all that apply. Contingent							
	Oklaho City	oma City, OK 73126 State ZIP Code	☐ Unliquidated☐ Disputed							
	Who ow	es the debt? Check one.	Nature of lien. Check all that apply.							
		or 1 only or 2 only	✓ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)							
		or 1 and Debtor 2 only	☐ Judgment lien from a lawsuit							
	At le anot	ast one of the debtors and her	Other (including a right to offset)							
		ck if this claim relates to a munity debt								
	Date de	bt was incurred	Last 4 digits of account number 1 6 8	8						
	Add the	dollar value of your entries in	Column A on this page. Write that number here:	\$161,998.00						
		the last page of your form, add at number here:	d the dollar value totals from all pages.	\$162,252.75						

				Do	cumer	it Pa	ae 21 of	49	•		
Fill	in this inform	ation to identify your c	ase:								
De	ebtor 1	Beverly			Knight						
		First Name	Middle Na	me	Last Nam	е					
D	ebtor 2										
	pouse, if filing)	First Name	Middle Na	me	Last Nam	e					
				Eastern		District of	Pennsylv	ania			
Ur	nited States E	Bankruptcy Court for th	ne:	Eastern		District of	remisyiv	ailia			
	ase number									Chook if	this is an
(IŤ	known)									amende	
∩ff	icial Earn	n 106E/F									
									_		
Sc	chedu	le E/F: Cr ϵ	editor	s Who	o Hav	∕e Ur	nsecur	red Cla	aims		12/15
clair num num	ns that are li ber the entri ber (if know	Ind on Schedule G: Existed in Schedule D: less in the boxes on the state of the sta	Creditors W ne left. Attac	/ho Have C ch the Cont	laims Secuinuation P	ured by Pr	operty. If mo	re space is ne	eded, copy the F	art you need, f	ill it out,
1.	Do any cre ☐ No. Go	ditors have priority u	insecured c	laims agaii	nst you?						
	Yes.	to Part 2.									
2.	list all of v	our priority unsecur	ad claims If	f a creditor h	nas more th	an one nri	ority unsecur	ad claim list the	e creditor senarat	aly for each clair	m For each
	claim listed, amounts. A	, identify what type of one of the continuation Page of Page o	claim it is. If a st the claims	a claim has in alphabeti	both priorit cal order a	y and nong ccording to	oriority amoun the creditor's	its, list that clair name. If you h	m here and show have more than tw	both priority and	nonpriority
	(For an exp	lanation of each type of	of claim, see	the instruct	ions for this	s form in th	ne instruction I	booklet.)			
									Total claim	Priority amount	Nonpriority amount
2.	1 Internal	Revenue Service		Last 4 digi	ts of acco	unt numb	er		\$1,900.00	\$1,900.00	\$0.00
	Priority Cre	editor's Name		\A/hana	46- 4-64:						<u> </u>
	Centraliz	zed Insolvency Op	eration	When was	the debt i	ncurrea?	-				
	PO Box	7346									
	Number	Street		As of the o	date you fi	le, the clai	im is: Check a	all that apply.			
	Philadel	phia, PA 19101-734	16	☐ Conting	gent						
	City		ZIP Code	Unliqui							
	Who inclu	rred the debt? Check	one	☐ Dispute	ed						
	✓ Debtor		one.	Type of PF	RIORITY ur	nsecured (claim:				
	☐ Debtor			Domes	tic support	obligations	3				
		1 and Debtor 2 only		☑ Taxes a	and certain	other debt	s you owe the	government			
		t one of the debtors ar	nd another			-		ou were intoxic	cated		
		if this claim is for a unity debt		☐ Other.	Specify				_		
	Is the clain ✓ No	m subject to offset?									

Yes

Case 25-11938 Doc 1 Filed 05/15/25 Entered 05/15/25 16:28:44 Desc Main Page 22 of 49 Document Debtor 1 Knight Beverly Case number (if known) _ First Name Middle Name Last Name List All of Your NONPRIORITY Unsecured Claims Part 2: Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 **AES** Last 4 digits of account number 0 0 9 Nonpriority Creditor's Name When was the debt incurred? 6/1/2018 Attn: Bankruptcy PO Box 2461 As of the date you file, the claim is: Check all that apply. Number Contingent Harrisburg, PA 17105-2461 ■ Unliquidated State ZIP Code Disputed Who incurred the debt? Check one.

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Debtor 1

Beverly Knight Case number (if known) _
First Name Middle Name Last Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page						
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so fo	rth.					Total claim
4.3	AES	Last 4 digits of account number	0	(0	1	0	\$3,980.00
	Nonpriority Creditor's Name	When the debt in some 10		_				
	Attn: Bankruptcy	When was the debt incurred?		6	5/1/2	201	18	
	PO Box 2461							
	Number Street	As of the date you file, the claim is	: Che	ecł	k all	tha	t apply.	
	Harrisburg, PA 17105-2461	☐ Contingent						
	City State ZIP Code	☐ Unliquidated☐ Disputed☐						
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured	claim	n·				
	Debtor 1 only	☐ Student loans	O.C.					
	Debtor 2 only		ation	ac	areei	me	ent or dive	orce that you did not report as
	Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 						
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts						
	☐ Check if this claim is for a community debt	☑ Other. Specify GovernmentU	nsec	cu	red	Gu	arante	<u>eLoan</u>
	Is the claim subject to offset?							
	☑ No							
	☐ Yes							
4.4	AES	Last 4 digits of account number	0	(0	1	3	\$3,980.00
	Nonpriority Creditor's Name							
	Attn: Bankruptcy	When was the debt incurred?	6/1/2018					
	PO Box 2461							
	Number Street	As of the date you file, the claim is	: Che	eck	k all 1	tha	it apply.	
	Harrisburg, PA 17105-2461	☐ Contingent						
	City State ZIP Code	☐ Unliquidated☐ Disputed						
	Who incurred the debt? Check one.	☐ Disputed						
	✓ Debtor 1 only	Type of NONPRIORITY unsecured	claim	n:				
	Debtor 2 only	Student loans						
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as						
	☐ At least one of the debtors and another	priority claims Debts to pension or profit-sharing plans, and other similar debts						
	☐ Check if this claim is for a community debt	✓ Other. Specify GovernmentUnsecuredGuaranteeLoan						
	Is the claim subject to offset?	<u></u>						
	☑ No							
	☐ Yes							

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Debtor 1 Beverly Knight Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims — Continuation Page

Atter: Itsiting any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. AES AES AES AND Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. Is the claim subject to offset? Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. At least one of the debtor 2 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecured Claim: Ochigations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Ochigations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Ochigations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor								
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. I Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt As S AES Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. I Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only When was the debt incurred? Other. Specify GovernmentUnsecured Claim: Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 nd Debtor 2 only Debtor 4 nd Debtor 2 only Debtor 4 nd Debtor 2 only Debtor 5 nd bedtors and another Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecured Claim: Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecured Claim: Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecuredGuaranteeLoan Other. Specify GovernmentUnsecuredGuaranteeLoan		rlisting any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so for	rth.			Total claim	
Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. Jobtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the Claim subject to offset? Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debtor 2 only Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply. Loring of NoNPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Contingent Unliquidated Disputed Contingent Unliquidated Disputed As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed When was the debt incurred? 6/1/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed When was the debt incurred? 6/1/2018 As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt Student loans On 1 4 \$2,709.00 6/1/2018 As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt Student loans Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt Student loans Debtor 2 only Check if this claim is for a community debt Student loans Debtor 2 only Check if this claim is for a community debt Student loans Debtor 2 only Check if this claim is for a community debt Student loans Debtor 2 only Check if this claim is for a community debt Student loans Debtor 2 only Check if this claim is for a community debt Student loans Debtor 2 only Check if this claim is for a community debt Debtor 2 only Check if this claim is for a community debt Debtor 2 only Check if this claim is for a community debt Debtor 2 only Check if this claim is for a community debt Debtor 2 only Check if this claim is for a community debt Debtor 2 only Chec	4.5		Last 4 digits of account number	0	0	1 '	1\$2,781.00	
Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Disputed Who incurred the debt? Check one. I Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 4 this claim is for a community debt Is the claim subject to offset? I Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. I State Subject to offset? I State Subject Subje		Nonpriority Creditor's Name	When was the debt incurred?		C IA	/2010		
As of the date you file, the claim is: Check all that apply. Contingent		Attn: Bankruptcy	when was the dept incurred?	_	0/1	12010		
Contingent Con		PO Box 2461						
Agrisburg, PA 17105-2461		Number Street	• •	: Che	eck a	ll that a	pply.	
City State ZIP Code Who incurred the debt? Check one. ### Debtor 1 only Debtor 1 only Student loans Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 4 this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts		Harrisburg, PA 17105-2461	8					
Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans			•					
Debtor 1 only		Who incurred the debt? Check one.						
Debtor 2 only		☑ Debtor 1 only		claim	1:			
Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 of the debtors and another Debtor 6 of the debtors and another Debtor 6 of the debtor 8 only Debtor 9 only Debtor 1 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 9		☐ Debtor 2 only						
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? I No Yes AES Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. I Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? I No Debtor 1 only Debtor 1 and Debtor 2 only Other. Specify GovernmentUnsecured GuaranteeLoan Debtor 1 only Debtor 1 only Debtor 1 sind Debtor 2 only Debtor 2 only Debtor 3 cammunity debt Is the claim subject to offset? I No		☐ Debtor 1 and Debtor 2 only		ation	agre	ement	or divorce that you did not report as	
Is the claim subject to offset? If No Yes AES Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. If Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? I No Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecuredGuaranteeLoan		☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts					
Is the claim subject to offset? Mo		☐ Check if this claim is for a community debt						
AES		Is the claim subject to offset?						
AES Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 2 anly Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No								
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. I Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 6/1/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecuredGuaranteeLoan								
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. I Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? 6/1/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify GovernmentUnsecuredGuaranteeLoan	4.6	AFS	Last 4 digits of account number	0	0	1 .	4 \$2 709 00	
When was the debt incurred? 6/1/2018 PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No When was the debt incurred? 6/1/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify GovernmentUnsecuredGuaranteeLoan				Ψ2,100.00				
PO Box 2461 Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify GovernmentUnsecuredGuaranteeLoan			When was the debt incurred?	6/1/2018				
Number Street Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify GovernmentUnsecuredGuaranteeLoan								
Harrisburg, PA 17105-2461 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify GovernmentUnsecuredGuaranteeLoan			As of the date you file, the claim is: Check all that apply.					
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No			☐ Contingent					
Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No			Unliquidated					
✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify GovernmentUnsecuredGuaranteeLoan		City State ZIP Code	☐ Disputed					
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts GovernmentUnsecuredGuaranteeLoan GovernmentUnsecuredGuaranteeLoan		Who incurred the debt? Check one.	Type of NONERIORITY uncoursed	alain				
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No		✓ Debtor 1 only						
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No		•		otion	oaro	omont	or divorce that you did not report on	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ GovernmentUnsecuredGuaranteeLoan ☐ Other. Specify ☐ No		,						
Is the claim subject to offset? ☑ No								
☑ No		☐ Check if this claim is for a community debt	☑ Other. Specify GovernmentUnsecuredGuaranteeLoan					
☑ No		Is the claim subject to offset?						
☐ Yes								

Last Name

Debtor 1 Beverly Document Page 25 of 49

Knight Case number (if known)

Middle Name

First Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Comenity Bank/Sony Last 4 digits of account number 4 5 3 1 \$641.00 Nonpriority Creditor's Name When was the debt incurred? 12/1/2018 Attn: Bankruptcy PO Box 182125 As of the date you file, the claim is: Check all that apply. Number Street Contingent Columbus, OH 43218 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **√** No ☐ Yes 4.8 **Continental Finance Company** Last 4 digits of account number \$853.00 2 4 3 Nonpriority Creditor's Name When was the debt incurred? 10/1/2021 Attn: Bankruptcy 4550 New Linden Hill Rd Ste 400 As of the date you file, the claim is: Check all that apply. Number Street Contingent Wilmington, DE 19808-2952 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **☑** No

☐ Yes

Document

Debtor 1 Beverly Knight Case number (if known) First Name Middle Name Last Name

Part 2:	Your NONPRIORITY Unsec	Teu Gainis - Continuation Page
After listing a	ny entries on this page, number	them beginning with 4.4, followed by 4.5, and so forth. Total claim
4.9 Cws/cv	w Nexus	Last 4 digits of account number 5 5 5 7 \$998.00
	ity Creditor's Name	
Po Box	•	When was the debt incurred? 8/1/2024
Number	Street	
		As of the date you file, the claim is: Check all that apply.
Old Bo	thpage, NY 11804	Contingent
City	State	ZIP Code Unliquidated
•		Disputed
	curred the debt? Check one.	Type of NONPRIORITY unsecured claim:
=	or 1 only	☐ Student loans
	or 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as
	or 1 and Debtor 2 only	priority claims
	ast one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
☐ Cned	ck if this claim is for a communi	y debt ☑ Other. Specify CreditCard
Is the cla	aim subject to offset?	
₫ No		
Yes		
4.10 Genesi	is FS Card Services	Last 4 digits of account number 0 1 0 1 \$0.00
Nonpriori	ity Creditor's Name	
Attn: B	Bankruptcy	When was the debt incurred? 10/1/2021
PO Box		
Number	Street	As of the date you file, the claim is: Check all that apply.
Beaver	rton, OR 97076	Contingent
City	State	ZIP Code Unliquidated Disputed
Who inc	curred the debt? Check one.	a Disputed
√ Debt	or 1 only	Type of NONPRIORITY unsecured claim:
	or 2 only	☐ Student loans
	or 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as
☐ At lea	ast one of the debtors and another	priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Chec	ck if this claim is for a communi	
Is the cla	aim subject to offset?	
ls the cla ☑ No	aim subject to offset?	

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Debtor 1

Beverly Knight Case number (if known) First Name Middle Name Last Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims -	- Continuation Page							
After	listing any entries on this page, number them beginning	ng with 4.4, followed by 4.5, and so forth	h.						Total claim
4.11	Kikoff	Last 4 digits of account number	4	K	<u> </u>	5	6		\$100.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?		8	/1/2	202	24		
	75 Broadway Number Street San Francisco, CA 94111 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ChargeAccount ChargeAccount						ot report as	
	Midnight Velvet Nonpriority Creditor's Name Attn: Bankruptcy	Last 4 digits of account number When was the debt incurred?	3		15/2		<u>0</u> 17		\$304.00
	1112 7th Avenue Number Street Monroe, WI 53566 City State ZIP Code	 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed 							
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured cl ☐ Student loans ☐ Obligations arising out of a separat priority claims ☐ Debts to pension or profit-sharing p ☐ Other. Specify ChargeAccount	tion :	ag					ot report as

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Debtor 1 Beverly Knight Case nu

Beverly Knight Case number (if known)

First Name Middle Name Last Name

Pai	t 2: Your NONPRIORITY Unsecured Claims —	Continuation Page
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.
	Navy Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number 8 9 3 4 \$252.00 When was the debt incurred? 4/1/2021
	Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt sthe claim subject to offset? No Yes	When was the debt incurred? 4/1/2021 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify SecuredCreditCard
	Navy Federal Credit Union Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3000 Number Street Merrifield, VA 22119 City State ZIP Code Who incurred the debt? Check one.	Last 4 digits of account number 8 9 3 4 \$252.00 When was the debt incurred? 4/1/2021 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
	Mo incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No ☐ Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CreditLineSecured

Document Page 29 of 49 Debtor 1 **Beverly** Knight

Case number (if known) _

First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **PECO Energy Company** Last 4 digits of account number unknown Nonpriority Creditor's Name When was the debt incurred? 2301 Market St Number As of the date you file, the claim is: Check all that apply. Contingent Philadelphia, PA 19103-1338 Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Is the claim subject to offset? **☑** No ☐ Yes 4.16 Sunrise Credit Services, Inc. \$184.00 Last 4 digits of account number 4 7 1 3 Nonpriority Creditor's Name When was the debt incurred? 8/1/2024 Attn: Bankruptcy 260 Airport Plaza As of the date you file, the claim is: Check all that apply. Number Street □ Contingent Farmingdale, NY 11735 Unliquidated Citv State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CollectionAttorney

Is the claim subject to offset?

☑ No Yes Case 25-11938 Doc 1 Filed 05/15/25 Entered 05/15/25 16:28:44 Desc Main Document Page 30 of 49

Debtor 1

Beverly

Knight

First Name

Middle Name Last Name Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

	 Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only Add the amounts for each type of unsecured claim. 								
					Total claim				
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00				
	6b.	Taxes and certain other debts you owe the government	6b.		\$1,900.00				
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00				
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00				
	6e.	Total. Add lines 6a through 6d.	6e.	Ī	\$1,900.00				
					Total claim				
Total claims from Part 2	6f.	Student loans	6f.		\$0.00				
monit art 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.		\$0.00				
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00				
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+	\$27,178.00				
	6j.	Total. Add lines 6f through 6i.	6j.	Ī	\$27,178.00				

Fill in this inform	ation to identify your ca	ase:				
Debtor 1	Beverly		Knight			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the	e: Eastern	District of	f Pennsylvania		
Case number					Г	.
(if known)					<u> </u>	Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - 🗹 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - 🔲 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or co	ompany with whom you have th	ne contract or lease	State what the contract or lease is for
2.1				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.2				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.3				
	Name		-	
	Number	Street		
	City	State	ZIP Code	
2.4				
	Name			
	Number	Street		
	City	State	ZIP Code	

			D	ocument Page 3	2 of 49	
Fill in	this inform	nation to identify yo	ur case:			
Debt	or 1	Beverly		Knight		
		First Name	Middle Name	Last Name		
Debt						
(Spot	use, if filing)	First Name	Middle Name	Last Name		
Unite	ed States E	Bankruptcy Court fo	or the: Eastern	District of Peni	nsylvania_	
	e number					☐ Check if this is an
(if kno	own)					amended filing
Offic	ial Forr	m 106H				
Sch	nedu	le H: You	ur Codebtor:	S		12/15
iling to	ogether, b	ooth are equally re	sponsible for supplying	correct information. If more	space is needed, copy	ite as possible. If two married people are y the Additional Page, fill it out, and number ges, write your name and case number (if
		• •				
1.	Do you h ✓ No	ave any codebtor	s? (If you are filing a joint o	ase, do not list either spouse	as a codebtor.)	
	Yes					
2.				ity property state or territory		y states and territories include Arizona,
	☑ No. G	o to line 3.				
			rmer spouse, or legal equiv	alent live with you at the time	?	
	☐ No			or the O	Ellin de con	
	☐ Ye	es. In which commu	inity state or territory did yo	u live?	Fill in the nai	me and current address of that person.
	N	ame of your spous	e, former spouse, or legal e	equivalent		
	_					
	N	umber	Street			
	C	ity	State	ZIP Code		
0	l 0-l		d . b	d d-b.(to a with a second to the access of a second to the
3.	2 again a	s a codebtor only	if that person is a guarar	ntor or cosigner. Make sure	you have listed the cre	ing with you. List the person shown in line editor on <i>Schedule D</i> (Official Form 106D), <i>E/F</i> , or <i>Schedule G</i> to fill out Column 2.
	Column 1	: Your codebtor			Column 2: The	creditor to whom you owe the debt
					Check all sched	dules that apply:
3.1						
	Name				☐ Schedule D	, line
	Nesselses		Otracat		Schedule E	/F, line
	Number		Street		☐ Schedule G	, line
	City		State	ZIP C	ode	
3.2						
	Name				☐ Schedule D	, line
					Schedule E	/F, line
	Number		Street		☐ Schedule G	, line

State

ZIP Code

City

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Fill in this inform	ation to identify your	case:		
Debtor 1	Beverly		Knight	_
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	Check if this is:
United States E	Bankruptcy Court for t	he: Eastern	District of Pennsylvania	 An amended filing A supplement showing postpetition chapter income as of the following date:
(if known)				MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employn		u case numb	er (II KIIOWI	ij. Aliswer every q	uestion.	
Fill in your employment information.		Debtor 1			Debtor 2 or non-fil	ing spouse
If you have more than one job, attach a separate page with information about additional	Employment status	Employed Not employed Live-In Nurse Right at Home, LLC		☐ Employed ☐ Not employed		
employers. Include part-time, seasonal, or	Occupation					
self-employed work. Occupation may include student or homemaker, if it applies.	Employer's name					
от потпетнакет, ії її арріїеѕ.	Employer's address	2047 Locust St Fl 4 Number Street			Number Street	
		Philadelphia, PA 19103-5613				
		City	State	ZIP Code	City Sta	te ZIP Code
	How long employed there?					
Part 2: Give Details Abou	t Monthly Income					
Estimate monthly income as of unless you are separated.	the date you file this form. If y	you have noth	ing to report	for any line, write \$	0 in the space. Include	our non-filing spouse
If you or your non-filing spouse ha below. If you need more space, at			ormation for	all employers for tha	at person on the lines	
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, salar deductions). If not paid monthly, c.			2.	\$5,824.00		•
3. Estimate and list monthly overt	ime pay.		3. + _	\$0.00	+	
4. Calculate gross income. Add line	e 2 + line 3.		4.	\$5,824.00		

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Debtor 1 Be

Beverly Knight Case number (if known) _
First Name Middle Name Last Name

				For Debtor 1	For Debtor 2 or non-filing spouse	
	Cop	y line 4 here→	4.	\$5,824.00		
5.	List	all payroll deductions:				
		Tax, Medicare, and Social Security deductions	5a.	\$1,443.00		
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00		
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$0.00		
	5e.	Insurance	5e.	\$0.00		
	5f.	Domestic support obligations	5f.	\$0.00		
	5g.	Union dues	5g.	\$0.00		
	_	Other deductions. Specify:	5h. +	\$0.00	+	
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,443.00		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,381.00		
8.	List	all other income regularly received:				
	8a.	Net income from rental property and from operating a business, profession, or farm				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		
	8b.	Interest and dividends	8b.	\$0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive				
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		
	8d.	Unemployment compensation	8d.	\$0.00		
	8e.	Social Security	8e.	\$1,062.00		
	8f.	Other government assistance that you regularly receive				
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$0.00		
		Specify:	8f.	\$0.00		
	8g.	Pension or retirement income	8g.	\$0.00		
	8h.	Other monthly income. Specify:	8h. +	\$0.00	+	
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,062.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,443.00	+	= \$5,443.00
11.	11. State all other regular contributions to the expenses that you list in Schedule J.					
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
	Do r	not include any amounts already included in lines 2-10 or amounts that are no	ot avail	able to pay expenses I	listed in Schedule J.	#0.00
	Spe	cify:			11.	+\$0.00

Entered 05/15/25 16:28:44 Desc Main Case 25-11938 Filed 05/15/25 Doc 1 Page 35 of 49 Document Debtor 1 Knight **Beverly** Case number (if known) _ First Name Middle Name Last Name 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. \$5,443.00 12. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ✓ No. Yes. Explain:

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Fill in this information	to identify your case:					
Debtor 1 Debtor 2 (Spouse, if filing)	Beverly First Name	Middle Name	Knight Last Name	Check if this is: ☐ An amended filing		
	First Name	Middle Name	Last Name	A supplement showing postpetition chapter 13 expenses as of the following date:		
United States Bankruptcy Court for the:		Eastern District of Pennsylvania				
Case number (if known)				MM / DD / YYYY		
				_		

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Househol	d						
1. Is this a joint case?							
No. Go to line 2. Yes. Does Debtor 2 live in a sep	parate household? • Official Form 106J-2, Expenses for	· Separate Household of Debtor 2.					
2. Do you have dependents?							
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?			
Do not state the dependents' names.				No. Yes.			
				. No. Yes.			
				. No. Yes.			
				. No. Yes.			
				No. Yes.			
Do your expenses include expenses of people other than yourself and your dependents?	√ No □ _{Yes}						
Part 2: Estimate Your Ongoing Monthly Expenses							
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.							
Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)							
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.				\$1,297.00			
If not included in line 4:							
4a. Real estate taxes			4a	<u>\$0.00</u>			
4b. Property, homeowner's, or renter's insurance			4b	\$0.00			
4c. Home maintenance, repair, an	4c	\$100.00					
4d. Homeowner's association or condominium dues				\$0.00			

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Debtor 1 Beverly Knight Case number (if known) ______

First Name Middle Name Last Name		V
		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5. <u> </u>	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a	\$100.00
6b. Water, sewer, garbage collection	6b	\$402.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$225.00
6d. Other. Specify:	6d.	\$0.00
. Food and housekeeping supplies	7.	\$1,369.00
3. Childcare and children's education costs	8	\$0.00
Clothing, laundry, and dry cleaning	9	\$300.00
Personal care products and services	10.	\$295.00
Medical and dental expenses	11	\$225.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$100.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$240.00
4. Charitable contributions and religious donations	14.	\$150.00
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		\$0.00
15a. Life insurance	15a	\$0.00
15b. Health insurance		\$34.00
15c. Vehicle insurance	15c	\$0.00
15d. Other insurance. Specify:	15d	\$0.00
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16.	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	\$0.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:		\$0.00
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u> </u>	\$0.00
9. Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.	
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1 **Beverly Knight** Case number (if known) _ First Name Middle Name Last Name 21. Other. Specify: 21. +____ \$0.00 22. Calculate your monthly expenses. 22a. \$4,837.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$4,837.00 23. Calculate your monthly net income. 23a. \$5,443.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$4,837.00 23c. Subtract your monthly expenses from your monthly income. \$606.00 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. Yes.

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Fill in this information	n to identify your case	:		
Debtor 1	Beverly		Knight	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	Easte	rn District of Pennsylvan	ia
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all

Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$169,360.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,156.00
1c. Copy line 63, Total of all property on Schedule A/B	\$170,516.00
Part 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<u>\$162,252.7</u>
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$1,900.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$162,252.75 \$1,900.00 + \$27,178.00 \$191,330.75
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,900.00 + \$27,178.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,900.00 + \$27,178.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,900.00 + \$27,178.0 \$ \$191,330.7
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,900.00 + \$27,178.00

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				Document	Page 40 of 49		
De	btor 1	Beverly		Knight		Case number (if known)
		First Name	Middle Name	Last Name			
Pa	art 4. Answe	er These Oues	tions for Administra	ative and Statist	ical Records		
	7(1300	711030 2403	Attoris for Administra	tive and Statis	Tical Records		
6	Are you filing f	or hankruntov u	nder Chapters 7, 11, or ²	122			
			•		and submit this form to th	e court with your other sched	lules
	✓ Yes	3				,	
		ebt do you have					
į	Your debts family, or h	are primarily co ousehold purpose	onsumer debts. <i>Consum</i> e." 11 U.S.C. § 101(8). F	er debts are those ill out lines 8-9g for	incurred by an individual statistical purposes. 28 t	primarily for a personal, J.S.C. § 159.	
[have nothing to rep	oort on this part of the form	m. Check this box and submit	i .
	this form to	the court with yo	our other schedules.				
Ω Ι	From the State	ment of Your Cu	urrent Monthly Income:	Copy your total cur	ent monthly income from	Official	
			122B Line 11; OR , Forn		ent monthly income nom	Official	\$2,279.33
9. (Copy the follow	ving special cate	egories of claims from P	art 4, line 6 of Sch	edule E/F:		
						Total claim	
	From Dort 4	an Cabadula E/I	- converte a fallovina.				
	FIOIII Fait 4	on Schedule E/F	, copy the following:				
	9a. Domestic	support obligation	ons (Copy line 6a.)			\$0.00	
		-					
	9b. Taxes and	d certain other de	ebts you owe the governr	ment. (Copy line 6b	.)	\$1,900.00	
	9c. Claims for	r death or person	al injury while you were	intoxicated. (Copy	line 6c.)	\$0.00	
	9d. Student lo	oans. (Copy line 6	6f.)			\$0.00	
			separation agreement o	r divorce that you o	lid not report as priority	\$0.00	
	claims. (C	opy line 6g.)					
	Of Date :		hadanalara a 1. 0	alastian data (O	, lia a Ch)		
	ents to p	ension or profit-s	haring plans, and other	similar debts. (Cop	y iine on.)	+\$0.00	

9g. Total. Add lines 9a through 9f.

\$1,900.00

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Fill in this information	n to identify your case	:		
Debtor 1	Beverly		Knight	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bankı	ruptcy Court for the:	Easte	ern District of Penns	ylvania
Case number (if known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
d you pay or agree to pay someone who is NOT a	n attorney to help you fill out bankruptcy forms?
Í No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
nder penaity of perjury, I declare that I have read th	ne summary and schedules filed with this declaration and that they are true and correct.
X /s/ Beverly Knight	
Beverly Knight, Debtor 1	
Date 05/15/2025	
MM/ DD/ YYYY	

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Fill in this information	n to identify your case:				
Debtor 1	Beverly		Knight		
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bank	ruptcy Court for the:	Easte	rn District of Pennsylvania		
Case number					☐ Check if this
(if known)					amended filir

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marit	ai Status and Where Y	ou Liveu Beiore		
1. What is your current marital status?				
☐ Married				
✓ Not married				
2. During the last 3 years, have you lived an	ywhere other than where y	ou live now?		
☑ No				
Yes. List all of the places you lived in th	e last 3 years. Do not includ	le where you live now.		
3. Within the last 8 years, did you ever live veritories include Arizona, California, Idaho, l				nmunity property states and
✓ No	Eddisiana, Novada, Now Mo	Albe, Fuelte Filoe, Texas, Vi	vasimigion, and vvisconsmi.)	
_		40011)		
Yes. Make sure you fill out Schedule H.	: Your Codebtors (Official Fo	orm 106H).		
Part 2: Explain the Sources of Your I	ncome			
4. Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income the property of the	d from all jobs and all busine	esses, including part-time a	ctivities.	ears?
☐ No				
✓ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income	Gross Income	Sources of income	Gross Income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the	Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
date you filed for bankruptcy:	Operating a business	,	Operating a business	
			. •	

	Case	e 25-11938	Doc 1 Filed 05/1 Docume		15/25 16:28:44)	Desc Main
ebtor 1	Beverl		Knight		Case number (if ki	nown)
	First Nan	ne Middle	Name Last Name			
For last cal	•	ar: ber 31, 2024)	☑ Wages, commissions bonuses, tips	\$33,382.00	☐ Wages, commission bonuses, tips	IS,
,		YYYY	Operating a business		Operating a business	S
	•	r before that:	✓ Wages, commissions bonuses, tips	s, \$60,391.00	☐ Wages, commission bonuses, tips	os,
(January 1	to Decemi	ber 31, <u>2023</u>)	Operating a business		Operating a business	S
nclude incompublic benefit iling a joint ca	ne regardle t payments ase and yo	ess of whether that s; pensions; rental in ou have income tha		s of <i>other income</i> are alimony money collected from lawsuits		curity, unemployment, and othe and lottery winnings. If you are
▼ Yes. Fill	l in the det	ails.	Debtor 1		Debtor 2	
			Sources of income	Gross income from	Sources of income	Gross Income from
			Describe below.	each source	Describe below.	each source
				(before deductions and exclusions)		(before deductions and exclusions)
From Janua	ary 1 of cu	urrent year until the	Social Security	\$5,310.00		
From Janua date you fil			Social Security Unemployment Compensation	\$5,310.00 \$13,676.00		
date you fil	led for bar	nkruptcy:	Unemployment			
For last cal (January 1	led for bar lendar yea to Decemi endar yea	hkruptcy: ar: ber 31, 2024 YYYYY r before that:	Unemployment Compensation	\$13,676.00		
For last cale (January 1) For the cale (January 1)	led for bar lendar yea to Decemi endar yea to Decemi	ber 31, 2024 YYYYY r before that: ber 31, 2023	Unemployment Compensation Social Security	\$13,676.00 \$12,377.00 \$11,353.00		
For last cal (January 1) For the calc (January 1)	lendar yea to December endar yea to December to December	r before that: ber 31, 2023 YYYYY Payments You	Unemployment Compensation Social Security Social Security	\$13,676.00 \$12,377.00 \$11,353.00 for Bankruptcy		
For last cal (January 1) For the calc (January 1) Art 3: List Are either I	lendar yea to Decemble endar yea to Decemble to Decemble to Certain Debtor 1's	r before that: ber 31, 2024 YYYY r before that: ber 31, 2023 YYYYY Payments You or Debtor 2's debts btor 1 nor Debtor 2	Unemployment Compensation Social Security Social Security Made Before You Filed s primarily consumer debts	\$13,676.00 \$12,377.00 \$11,353.00 for Bankruptcy ebts. Consumer debts are de	fined in 11 U.S.C. § 101(8	3) as "incurred by
For last cale (January 1) For the cale (January 1) Art 3: List Are either I	lendar yea to Decemble endar yea to Decemble to Decemble to Certain Debtor 1's	r before that: ber 31, 2024 YYYYY r before that: ber 31, 2023 YYYYY Payments You or Debtor 2's debts btor 1 nor Debtor 2 al primarily for a per	Unemployment Compensation Social Security Social Security Made Before You Filed s primarily consumer debts: thas primarily consumer dersonal, family, or household	\$13,676.00 \$12,377.00 \$11,353.00 for Bankruptcy ebts. Consumer debts are de		3) as "incurred by
For last cal (January 1 For the calc (January 1 Are either I	lendar yea to Decemble endar yea to Decemble to Decemble to Certain Debtor 1's	r before that: ber 31, 2024 YYYY r before that: ber 31, 2023 YYYYY Payments You or Debtor 2's debts btor 1 nor Debtor 2 al primarily for a per	Unemployment Compensation Social Security Social Security Made Before You Filed s primarily consumer debts: thas primarily consumer dersonal, family, or household	\$13,676.00 \$12,377.00 \$11,353.00 for Bankruptcy ? ebts. Consumer debts are depurpose."		3) as "incurred by
For last cale (January 1 for the cale (January 1 for t	lendar year to December 1's Veither Delan individua During the Personal No. Go for Personal P	r before that: ber 31, 2024 YYYYY r before that: ber 31, 2023 YYYYY Payments You or Debtor 2's debts btor 1 nor Debtor 2 al primarily for a per 90 days before you to line 7. ist below each crecipied that creditor. De	Unemployment Compensation Social Security Social Security Made Before You Filed s primarily consumer debts thas primarily consumer dersonal, family, or household if filed for bankruptcy, did you ditor to whom you paid a total	\$13,676.00 \$12,377.00 \$11,353.00 for Bankruptcy ebts. Consumer debts are depurpose." a pay any creditor a total of \$8,575* or more in one of lomestic support obligations, and the support obligations.	3,575* or more? or more payments and the	total amount you

	Case	25-11938	Doc 1	Filed 05/15/25 Document	Entered 05/15/25 16:28 Page 44 of 49	3:44 Desc Main
ebtor 1	Beverly	Ī		Knight	Case nur	mber (if known)
	First Nam	e Middle	e Name	Last Name		
√ Yes.	Debtor 1 or	Debtor 2 or both	have prima	rily consumer debts.		
	During the 9	00 days before yo	u filed for ba	nkruptcy, did you pay an	y creditor a total of \$600 or more?	
	☑ No. Go t	o line 7.				
	ir		or domestic	support obligations, such	0 or more and the total amount you pa as child support and alimony. Also, d	
Insiders inco	officer, direct	atives; any generator, person in cont	al partners; r rol, or owne	elatives of any general p r of 20% or more of their	a debt you owed anyone who was an artners; partnerships of which you are voting securities; and any managing a upport obligations, such as child supp	e a general partner; corporations of which agent, including one for a business you
√ No						
Yes. L	ist all payme	nts to an insider.				
		you filed for bank bts guaranteed or			or transfer any property on account	t of a debt that benefited an insider?
✓ No						
Yes. L	ist all payme	nts that benefited	an insider.			
	. ,					
art 4. Ta	entiny Legi	ar Actions, Rep	7033033101	ns, and Foreclosures		
	n matters, inc				suit, court action, or administrative purces, collection suits, paternity actions	proceeding? s, support or custody modifications, and
□No						
_	Fill in the deta	.:lo				
Yes. F	III in the deta	IIIS.				
			Nature o	of the case	Court or agency	Status of the case
Case title	CITY	OF	Entry o	of Municipal Lien	Philadelphia Court of Cor	mmon Pending
		DELPHIA VS.			Pleas	On appeal
	KNIG	11	_		Court Name	□ Canaludad
Case nur	mber <u>2503L</u>	24006248	_		1400 John F Kennedy Blv Number Street	<u>/d</u>
					Philadelphia, PA 19107-32	200
					City State	ZIP Code
					City State	ZIP Code
10 Within	1 vear hefore	you filed for ban	kruntev wa	s any of your property r	epossessed, foreclosed, garnished, a	attached spized or levied?
		fill in the details b		s any or your property it	spossesseu, forecloseu, garriisheu, c	attacrieu, seizeu, or ievieu:
☑ No. G	o to line 11.					
□Vec F	Fill in the info	mation below.				
Tes. r	ill ill the illioi	mation below.				
44 \\/\ithin	00 daya bafa	re ven filed for be	mlenemane d	id on voyalitar includin	n a bank au financial institution, act a	
		ent because you			y a bank or imancial institution, set C	off any amounts from your accounts or
√ No		-				
_	minu or a state	:1-				
	fill in the deta	IIIS.				

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Debtor 1	Beverly		Knight		Case number (if kno	wn)
	First Name	Middle Name	Last Name			
		ed for bankruptcy, was n, or another official?	any of your property	in the possession of a	an assignee for the benefit	of creditors, a court-
√ No						
Yes						
Part 5: List	t Certain Gifts	and Contributions				
	years before you f	iled for bankruptcy, di	d you give any gifts wi	h a total value of mor	re than \$600 per person?	
√ No						
Yes. Fill	l in the details for e	each gift.				
14. Within 2)	years before you f	iled for bankruptcy, di	d you give any gifts or	contributions with a t	otal value of more than \$6	00 to any charity?
√ No						
Yes. Fill	I in the details for e	each gift or contribution				
Part 6: List	t Certain Losse	es .				
15. Within 1 y	year before you fil	ed for bankruptcy or s	ince you filed for bank	ruptcy, did you lose a	nything because of theft, f	ire, other disaster, or
√ 1No						
_	I in the details.					
100.11	THE GOLDIO.					
Part 7: List	t Certain Paym	ents or Transfers				
about seekin	ng bankruptcy or p	reparing a bankruptcy	petition?		ay or transfer any property uired in your bankruptcy.	to anyone you consulted
□No						
√ 1Yes. Fill	I in the details.					
		Descriptio	n and value of any pro	perty transferred	Date payment or	Amount of payment
Cibik Lav		Attorney'	s Fee; Attorney's C	osts	transfer was made	
1500 Wa	Inut Street Suit		5 1 00, 7 mom by 0 0		05/13/2025	\$1,000.00
	Street				05/13/2025	\$575.00
Philadel	phia, PA 19102					
City		ZIP Code				
mail@cil						
	osite address					

Debtor 1	Case 25-1	.1938 Doc 1	Document	Entered 05/15/ Page 46 of 49	25 16:28:44	Desc Main
Jebior i	Beverly First Name	Middle Name	Knight Last Name		Case number (if	known)
	i iist ivaille	Middle Name	Last Name			
help you de	al with your credito		ents to your creditors?	ting on your behalf pay or	r transfer any prope	erty to anyone who promised to
✓ No						
Yes. Fi	II in the details.					
ordinary co Include both	urse of your busine outright transfers a	ss or financial affair nd transfers made as	s?	anting of a security interes		er than property transferred in the ur property).
✓ No						
Yes. Fi	II in the details.					
	0 years before you toften called asset-pr		did you transfer any pro	operty to a self-settled true	st or similar device	of which you are a beneficiary?
✓ No						
☐ Yes. Fi	II in the details.					
Part 8: Lis	st Certain Financ	cial Accounts, Ins	struments, Safe Depo	osit Boxes, and Stora	ge Units	
or transferre	ed? cking, savings, mone		nancial accounts; certifica			our benefit, closed, sold, moved, brokerage houses, pension
☐ Yes. Fi	II in the details.					
21. Do you valuables?	now have, or did yo	u have within 1 year	before you filed for ban	kruptcy, any safe deposit	box or other depos	itory for securities, cash, or other
✓ No						
Yes. Fi	II in the details.					
22 Have ve	u stored property in	a atorogo unit or ni	lage other than your hom	oo within 1 year hefore ye	u filad for bankrunt	nv2
22. Have yo ✓ No	u storeu property ii	i a storage unit or pr	lace other than your non	ne within 1 year before yo	u med for bankrupt	cy r
☐ Yes. Fi	II in the details.					
Part 9: Ide	entify Property Y	ou Hold or Contr	ol for Someone Else			
	hold or control any	property that somed	one else owns? Include a	ny property you borrowe	d from, are storing	for, or hold in trust for someone.
√ No						
Yes. Fi	II in the details.					

	Case 25-119	938 Doc 1	Filed 05/15/25 Document	Entered 05/15/2 Page 47 of 49	25 16:28:44	Desc Main			
ebtor 1	Beverly		Knight		Case number (if k	(nown)			
Part 10	First Name Cive Details About E	Middle Name Environmental I	Last Name nformation						
For the purpose of Part 10, the following definitions apply:									
sub	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
■ Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.									
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
√ No	0								
Yes. Fill in the details.									
25. Have you notified any governmental unit of any release of hazardous material?									
√ No	0								
Ye	es. Fill in the details.								
√ No	es. Fill in the details.				Include settlement	s and orders.			
27. With	hin 4 years before you filed	for bankruptcy, d	d you own a business o	or have any of the following	g connections to a	ny business?			
	A sole proprietor or self-e	mployed in a trade	, profession, or other ac	tivity, either full-time or part	-time				
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	A partner in a partnership)							
	An officer, director, or ma	naging executive of	f a corporation						
	An owner of at least 5% o	of the voting or equ	ity securities of a corpor	ation					
√ No	o. None of the above applies	s. Go to Part 12.							
Ye	es. Check all that apply abov	e and fill in the de	ails below for each busi	ness.					
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.									
√ No	0								
☐Ye	es. Fill in the details below.								

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Debtor 1	Beverly		Knight		Case number (if known)
	First Name	Middle Name	Last Name		,

Part 12: Sign Below						
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I de and correct. I understand that making a false statement, concealing property, or obtaining n bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or be	noney or property by fraud in connection with a					
/s/ Beverly Knight Signature of Beverly Knight, Debtor 1 Date 05/15/2025						
Did you attach additional pages to your <i>Statement of Financial Affairs for Individuals Filing</i> ✓ No	for Bankruptcy (Official Form 107)?					
☐ Yes						
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy	forms?					
☑ No						
☐ Yes. Name of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					

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B2800 (Form 2800) (12/15)

Printed name and title, if any, of

Bankruptcy Petition Preparer

United States Bankruptcy Court **Eastern** District Of Pennsylvania In re Knight, Beverly Case No. Debtor Chapter DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER [Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).] Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, 1. that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For document preparation services I have agreed to accept..... \$5,335.00 Prior to the filing of this statement I have received..... \$1,000.00 \$4,335.00 Balance Due..... 2. I have prepared or caused to be prepared the following documents (itemize): and provided the following services (itemize): 3. The source of the compensation paid to me was: **✓** Debtor ☐ Other (specify) The source of compensation to be paid to me is: 4. **✓** Debtor ☐ Other (specify) 5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case. To my knowledge no other person has prepared for compensation a document for filing in connection with this 6. bankruptcy case except as listed below: NAME SOCIAL SECURITY NUMBER Signature Social Security number of bankruptcy Date petition preparer*

Address

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).